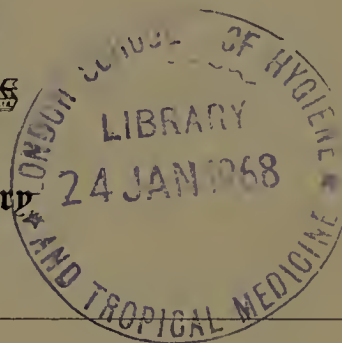


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City and County Borough of



Canterbury
1952



ANNUAL REPORT

OF THE
MEDICAL OFFICER OF HEALTH
AND
SCHOOL MEDICAL OFFICER

Including the Report of the
SENIOR SANITARY INSPECTOR
and the Report of the
Medical Director of the Child Guidance Clinic
for the year
1952

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CITY OF CANTERBURY — 1952

Mayor :

COUNCILLOR J. R. BARRETT.

Chairman—Health Committee :

COUNCILLOR W. H. CHESSELL.

Chairman—Education Committee :

ALDERMAN F. HOOKER.

Chairman—Sanitary and Licensing Committee :

ALDERMAN A. BAYNTON, O.B.E.

Town Clerk and Welfare Officer :

J. BOYLE, LL.B.

Director of Education :

N. POLMEAR, M.A.

Medical Officer of Health and School Medical Officer :

MALCOLM S. HARVEY, M.B., Ch.B., D.P.H.

Medical Director, Child Guidance Clinic :

E. WHATLEY, B.Sc., M.B., M.R.C.S., L.R.C.P.

Senior Sanitary Inspector :

T. L. MARTIN, A.R.S.I., M.S.I.A.

(Details of Committee Membership and other Staff are shown at the end of the Report).

14 DANE JOHN,
CANTERBURY.
1953.

To the Mayor, Aldermen and
Councillors of the City of Canterbury.

In accordance with the statutory duty laid on the medical officer of health an Annual Report for the year 1952 has been prepared and is here presented. The Ministry of Health this year placed an additional duty on the medical officer of health to present a survey of the local health services provided and an advance copy of this survey was submitted to the Ministry of Health early this year. Its substance has been introduced with the further information now available into the section of the report which deals with local health services.

It has been the practice for some years now to present this report as a comprehensive one by the inclusion of a report from the Senior Sanitary Inspector, and my report as School Medical Officer, of which the report by the Medical Director of the Child Guidance Clinic is an important part. This is a slight expression of the inter-relationship between different services, between health and environment, between developmental behaviour or emotional upset and the health of the individual or the stress of environment, and between many other facets and factors not dealt with here. There is no place for isolationism in any section of the health and welfare services.

Throughout the first half of this century our country made steady, and at times rapid, progress in the social and welfare services for the individual, and as a nation we take credit for the improved health and standard of living of the population. We are in Canterbury pleased to find ourselves in the van of county boroughs in our progress in the rehousing of those who have inadequate or poor standard accommodation. We are providing houses of a standard of amenities not found in pre-war housing estates. But despite such progress in health, welfare, and environment the country finds the need, and a proved need for Child Guidance Clinics, and in the adult population for more hospital and out-patient services for those suffering from nervous disorder.

Why should this be so? What is the flaw that prevents the improvement in health and environment from reducing the incidence of nervous disorders? What is the medium through which better health, a good standard of living and a healthy environment can create the happiness and stability which will prevent nervous disorders? Surely this is no other than family life?

One can recognize in this same half century of social progress a deterioration in family life within the home, which must be reversed if we are to attain full health as a community. We are given a royal lead by our gracious and beloved Queen, and it is hoped that she may reign throughout the second half of this

twentieth century to see us rebuild family life within the homes of her people.

I offer this adage* to be worked on a sampler by secondary school girls or carved on a wooden bowl by secondary school boys. Their richest prize will be in the fulfilment of it.

The beauty of the home is order.

The blessing of the home is contentment.

The glory of the home is hospitality.

But the Crown of the home is good family life.

With this preface to the annual report I wish to associate an expression of thanks to the voluntary workers who assist at the clinics. All members of your staff have worked with a keen enthusiasm and I thank them for their help. You, sirs, have shown a continuing interest in health affairs, and have been most encouraging in your confidence, without which the office would be a sore burden. It is a great boon to the Health Department that the Chairman of the Health Committee has such wide interests in the different sections of the National Health Service.

Your obedient servant,

MALCOLM S. HARVEY.

Social Circumstances.

The Manager of the Employment Offices has kindly supplied the following figures for unemployment during the year 1952.

Mid. 1952 ...	Men	141	(54)	Women	37	(9)
End of 1952 ...	Men	170	(84)	Women	93	(45)

(1951 figures in parentheses).

The apparent rise in unemployment is only a return to the level of 1950.

No marked change occurred during 1952 in local places of employment but the new slaughter-house was opened early in 1953, and a new cattle market is being built. The rental of council houses must now be recognized as a social circumstance. The recently built houses require such a level of rental that they cannot be tenanted without giving careful attention to the ability of the prospective tenant to pay it. This is of importance when the Council comes to rehouse from poor or condemned property of low rental. The lower income levels do not meet the rental requirements of houses being built at present. Larger families reduce the ability to pay for the larger house required. The answer would seem to be in reducing the cost of building.

*With acknowledgements to Dr. C. Banning of the Netherlands, from his paper to the Royal Sanitary Institute Congress, 1953.

GENERAL AND VITAL STATISTICS FOR 1952.

General:

Area: 4,810 Acres.

Number of Inhabited Dwellings (end of financial year 31.3.53, according to Rate Book): 8,219.

Rateable Value (31.3.53): £260,415.

Sum represented by penny rate: £1,029 9s. 11d.

Registrar General's estimate of mid-year population, 1952: 29,600.

The population figure which is to be used for the whole year is 29,450, this being a figure reconstructed by the Registrar General from the situation before and after the boundary extension and taking cognizance of other population movements.

Vital:

BIRTHS:—

	Male	Female	Total
Live Births:—Within Marriage ...	220	208	428
Outside Marriage ...	13	6	19
Total Live Births ...	233	214	447
Stillbirths:— Within Marriage ...	3	6	9
Outside Marriage ...	—	—	—
Total Stillbirths ...	3	6	9

DEATHS:—

All Deaths	166	163	329
Deaths associated with Pregnancy, Childbirth or Abortion	—	2	2
Deaths of Infants under 1 year ...	10	4	14

(All births within marriage).

The following rates are calculated from these figures and are corrected and compared with corresponding figures for elsewhere for 1952.

Comparative Statistical Rates for 1952:

	Canterbury	Eng. & Wales	160 Towns (popn. 25,000 to 50,000, 1951 census)
Crude Live Births per 1,000 Population ...	15.18		
Corrected by Com- parability Factor— (1.07)	16.24	15.3	15.5
Stillbirths per 1,000 Population ...	0.30	0.35	0.36
Calculated per 1,000 Live and Stillbirths	19.7	22.6	23.0
Crude Death Rate (all causes) per 1,000 Population ...	11.16		

Corrected by Com-					
parability Factor—					
(0.91)	10.16	11.3	11.2		
Infant Mortality Rate					
(Deaths under 1 yr.					
per 1,000 Live					
Births)	31.3	27.6	25.8		

The rise in the number of infant deaths is unsatisfactory and is discussed in more detail below.

The following Table shows the causes of death listed in accordance with the abbreviated list of the International Classification.

TABLE I.

No.	Causes of Death	1952		
		M.	F.	Total
1	Tuberculosis of Respiratory System ...	4	1	5
2	Tuberculosis, Other Forms	—	1	1
3	Syphilitic Diseases	—	—	—
4-9	Other Infective and Parasitic Diseases ...	—	—	—
10	Malignant Neoplasm, stomach	6	4	10
11	Malignant Neoplasm, lung and bronchus	7	1	8
12	Malignant Neoplasm, breast	—	8	8
13	Malignant Neoplasm, uterus	—	1	1
14	Other malignant & lymphatic neoplasms	15	19	34
15	Leukaemia and Aleukaemia	2	—	2
16	Diabetes	—	—	—
17	Vascular Lesions of Nervous System ...	18	32	50
18	Coronary Disease and Angina Pectoris...	26	16	42
19	Hypertension with Heart Disease ...	4	4	8
20-21	Other Heart and Circulatory Disease ...	32	38	70
22	Influenza	—	2	2
23	Pneumonia	5	8	13
24	Bronchitis	10	7	17
25	Other Diseases of Respiratory System ...	6	2	8
26	Ulcer of stomach and duodenum ...	3	1	4
27	Gastritis, Enteritis and Diarrhoea ...	1	—	1
28	Nephritis and Nephrosis	2	2	4
29	Hyperplasia of Prostate	6	—	6
30	Pregnancy, Childbirth and Abortion ...	—	2	2
31	Congenital Malformation	1	3	4
32	Other defined and ill-defined diseases ...	11	9	20
33	Motor Vehicle Accidents	1	—	1
34	All other accidents	4	2	6
35-36	Suicide, Homicide, and War	2	—	2
TOTAL		166	163	329

Infant Deaths:

TABLE IIa.

Causes of Infant Deaths	Under 24 hours	24 hours to 1 month	1—12 months	Total
Prematurity	6	—	—	6
Congenital Defects	—	2	1	3
Infectious Conditions	—	—	2	2
Accidental Asphyxia	—	—	2	2
Other causes	1	—	—	1
TOTALS	7	2	5	14

The number of infant deaths is the highest for five years. While the numbers we are dealing with are small and therefore can be markedly influenced by single cases, the rise is disconcerting. A worrying feature is the death of two infants from accidental asphyxia, infants found dead. Either there is an unrecognised factor dangerous to the life of the infant, or else there are still flaws in our general knowledge of child rearing. In both of the deaths the child was over the age of 1 month.

Reviewing the infant deaths and stillbirths for the last five years one finds that of the 52 infant deaths in these five years, 17 occurred in the first 24 hours of life, 20 occurred between 1 day and 1 month and 15 between the ages of 1 month and 1 year.

The following table shows the distribution of causes of infant deaths by age over the last five years.

TABLE IIb.

		1948	1949	1950	1951	1952	Total
Prematurity	(a)	4	1	—	2	6	13
	(b)	2	2	1	4	—	9
	(c)	—	—	—	—	—	—
Congenital Defects	(a)	1	—	—	—	—	1
	(b)	1	2	1	1	2	7
	(c)	—	—	1	—	1	2

TABLE IIb (Continued).

		1948	1949	1950	1951	1952	Total
Infectious Conditions	(a)	—	—	—	—	—	—
	(b)	1	1	—	1	—	3
	(c)	2	5	1	—	2	10
Accidental Asphyxia	(a)	—	—	—	—	—	—
	(b)	—	—	—	—	—	—
	(c)	—	—	—	—	2	2
Other Causes	(a)	—	1	1	—	1	3
	(b)	—	—	—	1	—	1
	(c)	—	1	—	—	—	1
Total	(a)	5	2	1	2	7	17
	(b)	4	5	2	7	2	20
	(c)	2	6	2	—	5	15
Stillbirths		4	9	9	13	9	—

a = Under 24 hrs. b = 1 day to 1 month. c = 1 month to 12 months.

Infant deaths under 24 hours and stillbirths have a close affinity and it will be seen from the table that the annual totals over the five years for stillbirths plus deaths under 24 hours read 9, 11, 10, 15, 16. Other infant deaths for the same years number 6, 11, 4, 7, 7. Looked at in this way it is seen that infant deaths beyond the age of 1 day are not any greater in number than could be expected from the five years experience. The number of stillbirths and deaths under 1 day show a disturbing increase in the last two years. A possible cause for this could be a retrogression in ante-natal care. It is necessary to think on this and on the reduced attendances at ante-natal clinics.

TABLE III.
DEATHS BY AGE GROUPS

	0-1	1-15	15-25	25-45	45-65	65-80	80-90	90 +	Total
Male	10	4	4	7	39	70	31	1	166
Female	4	2	—	7	26	75	43	6	163
Total	14	6	4	14	65	145	74	7	329

Infectious Diseases:

TABLE IV.

	Total Cases Notified	Children Under 5 years	Children 5 to 15 years	Adults
Scarlet Fever	149	39	107	3
Whooping Cough ...	10	10	—	—
Measles	309	192	118	—
Dysentery	1	—	1	—
Pneumonia	6	2	1	3
Acute Poliomyelitis ...	6	1	2	3
Ophthalmia Neonatorum	2	2	—	—
Puerperal Pyrexia ...	34	—	—	34

There was also one case of encephalitis apparently consequent upon vaccination which occurred in a child aged 4 months.

The number of cases of acute anterior poliomyelitis was within our annual experience of the disease.

Tuberculosis.

The number of cases of Tuberculosis notified during 1952 is shown in Table V and is compared with the six previous years. There was no visit of the mass radiography unit during the year. Information on after care arrangements is given later in the report.

TABLE V.

Site/Sex	Number of Notifications													
	1946		1947		1948		1949		1950		1951		1952	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Lungs	14	9	13	7	9	7	16	9	11	10	9	10	14	4
Glands	2	1	1	—	—	—	1	—	—	1	—	1	—	1
Bones, Joints, etc.	6	1	3	—	3	1	4	2	—	—	3	—	—	—

Venereal Diseases.

The centre for the diagnosis and treatment of Venereal Diseases is in the Kent and Canterbury Hospital, where males can be seen on Tuesday and Friday at 5.0 to 6.30 p.m., and females on Tuesday and Friday at 2.30 to 3.30 p.m.

The Physician in charge of the centre reports that 3 new cases of syphilis and 4 new cases of gonorrhoea were seen during 1952 and that 34 cases of other conditions were seen. This compares favourably with the corresponding figures of 7 cases of syphilis, 4 cases of gonorrhoea and 41 of other conditions for 1951.

Hospital Accommodation for Infectious Disease.

The hospital for the area is the Haine Isolation Hospital, Ramsgate. The Canterbury Infectious Diseases Hospital is not yet converted to use for tuberculosis. The Kent and Canterbury Hospital has nursed cases of poliomyelitis, dysentery and salmonella infections admitted for diagnosis.

Laboratory Services.

1. For Pathological Work: Kent and Canterbury Hospital Laboratory.
2. For Public Health Laboratory Work (Milk, Ice-Cream, and Water): Public Health Laboratory, County Hall, Maidstone.
3. For Analytical examinations and other Public Health examinations: Canterbury Public Analyst.

Nursing Homes.

The one remaining nursing home provides 5 beds for maternity cases and 7 beds for medical cases including chronic sick cases.

Accommodation for Old People.

There is one registered home for aged persons which provides accommodation for four persons. The Welfare Committee provides two homes for aged or handicapped persons. The Housing Committee have provided three ranges of old persons bungalows and suitable blocks of flats. There are nine groups of almshouses provided by charities.

LOCAL HEALTH SERVICES.

The Ministry of Health required the medical officer of health to submit a survey and comment on the local health services in advance of the annual report. The substance of it is included in this section.

Administration.

The introduction of the National Health Services in July 1948 removed from the county borough the responsibility for hospital provision for infectious diseases, tuberculosis, venereal diseases, complicated maternity cases and cancer. It threatened a cleavage between the county borough's interest in environmental health and its interest in the local health services provided under Part III of the National Health Service Act. The City Council in accordance with the requirements of the Act formed a Health Committee to be concerned with the local health services and established a Sanitary and Licensing Committee to be concerned with environmental health, food and drugs supervision, and weights and measures. Looking back one can recognise that some of the public health advantages of a county borough may have been lost by this division, which divorced the direction of the preventive environmental services from the direction of the preventive personal health services. The growth in the problems of old age and infirmity is providing common ground for the exercise of the preventive environmental services, preventive personal health services, and the services for the welfare of the aged and the handicapped. It is possible that some combination of the committees required under different enactments of the welfare state would lead to closer co-ordination, and economy of effort if not of cost or staffing.

The City Council directs the local health services through a Health Committee of fourteen members of whom four are co-opted members representing the Local Executive Council, the Hospital Management Committee, the local general practitioners, and the nursing profession.

A sub-committee of the Health Committee directs the mental health services, and the Carc Committee formed of an equal number of members from the Health Committee and from one or more local voluntary organisations deals with services provided under Section 28 of the Act.

The Canterbury District Nursing Association provides the Home Nursing Service as agents of the Council and has a 50 per cent representation of the Health Committee on its executive committee. This executive committee may shortly take on the functions of the Care Committee.

Activities under the Children's Act are directed by the Children's Committee and activities under the National Assistance Act by the Welfare Committee. The Health Committee has no say in these activities except through a small common membership of councillors or aldermen. As the functions of the Children's Committee and the Welfare Committee grew out of the Public Assistance functions of the past, in which the public health department had no say, this situation was to be expected but is not necessarily a good one.

The local health services are under the control of the medical officer of health who is also school medical officer for the City and medical officer of health to four nearby sanitary district authorities under the East Kent United District (M.O.H.) Order 1951. There is a full-time assistant medical officer of health who also deputises in the United District.

The staff of health visitors and school nurses has been combined during 1952 and came under the supervision of the Senior Health Visitor.

The midwives are supervised by the Medical Officer of Health. By means of an informal arrangement with the Midwives (Part II) Training School at the Kent and Canterbury Hospital, they are inspected in their work by the sister tutor of the Midwives Training School.

The Canterbury District Nursing Association is affiliated to the Queen's Institute of District Nursing. Although the City Council Scheme under Section 25 of the Act includes supervision of the nurses by the Senior Health Visitor this has not been applied, because the nursing sisters are inspected by the Queen's Institute. The medical officer of health maintains a friendly informal supervision of the service and the Health Committee receives monthly reports of the work done.

Joint arrangements with other authorities cover several services. The United District for the appointment of medical officer of health may be taken as an expression of common interest between the authorities included in the united district.

There is a joint arrangement with Kent County Council in the local ambulance service. Kent County Council has an arrangement with Canterbury to provide facilities for County cases to attend the Ante-Natal Clinic and the Occupation Centre. Joint arrangements with the Canterbury Education Committee (which is a joint City and County Divisional Education Committee) cover priority dental services, ultra violet light clinics under Section 22, and mental health visiting.

Co-ordination.

This authority favoured the formation of a joint health consultative committee for the area of the three hospital management committees of Canterbury, Thanet and South East Kent, but the proposal did not find sufficient favour with the other bodies concerned for the proposition to be realised.

Co-ordination between the three legs of the national health service is represented by exchange in membership. The Chairman of the Canterbury Health Committee is an active member of the Kent and Canterbury Executive Council, the Vice-Chairman of the Canterbury Group Hospital Management Committee and a member of the St. Augustine's Mental Hospital Management Committee. Other members of the Health Committee are on the Executive Council and on the Hospital Management Committee and its House Committees. As stated above, the Health Committee includes representatives of the other bodies.

The medical officer of health is a member of the Local Medical Committee, Group Medical Committee, Group Hospital Nursing Committee, Local Group Hospital House Committee, and of the St. Augustine's Mental Hospital Group Management Committee.

With the closure of the Canterbury Isolation hospital the medical officer of health's duties in the hospital treatment of infectious diseases terminated. The Assistant Medical Officer of Health through the co-operation of the Consultant Paediatrician attends paediatric out-patient clinics and attends ward rounds in the children's ward of the local acute general hospital. This liaison has proved to be of value.

The will to co-operate in the after care of patients receiving hospital treatment and in the care of patients under treatment by the general practitioner is expressed in the attitude and arrangements of the authority, and a growing measure of co-operation can be seen. There are no arrangements which employ L.H.A. nursing staff in the hospitals or provide services at general practitioner surgeries. The local hospital receives reports from Health Visitors on Chronic Sick cases on the waiting list, but the Regional Hospital Board has also established its own visiting service. Health visitors provide on request a social history of cases coming under the care of the Paediatrician. The District Nurses deal with requests to continue the nursing care of surgical cases on early discharge from hospital and contact the family doctor for further direction on the cases. Midwifery cases have been taken over for care by the district midwives on discharge early in the puerperium. The maternity wards contact Health Visitors on cases where infants are premature or otherwise need special continuity of care in home supervision following discharge.

The same direct contact is developing between the general practitioner and the health visitor on the management of home care of cases under treatment. In recognition of the need for close liaison between Health Visitors, Midwives and District Nurses the

headquarters of the District Nurses has moved into the central clinic.

It is considered that the value of forms as a means of co-operation and co-ordination of treatment and after care is very limited. The purpose served by filling in a form becomes obscured by the routine act of its completion. The form has no personality. Direct contact between persons in different sections of the N.H.S. on the basis of a common care of the case produces a far greater understanding and leads to better co-ordination of care than the use of a form. The reaction of strangeness or shyness which produces the official, and even offish manner disappears as the practice is extended. With this end in view the number of forms or notices used by this local health service in work with the hospitals or general practitioners is kept down to a minimum, and personal contact is encouraged.

In 1948 a booklet was issued to all general practitioners, hospitals, head teachers and clinics giving details of the services provided. This is now due for revision. The booklet was in the form of a loose leaf folder to allow easy substitution of up-to-date material.

Joint Use of Staff.

General practitioners have been employed only on a sessional basis to meet staff shortage. Contrary to expectation the smaller two man practices have been more willing to help than the larger group practices.

No use is made of Local Health Authority staff in the Hospital or Specialist services except in an informal capacity as mentioned above, and in the lecturing to the Part II Midwifery Training School. The use of Specialists in local services is limited to the School Health Service.

Voluntary Organisations (See also Home Nursing).

The general activities of Voluntary Organisations, e.g. Alford Aid Society, British Red Cross Society, St. John Ambulance Brigade, in after-care and the provision of nursing requisites is encouraged by financial grants.

Care of Expectant and Nursing Mothers and Children Under School Age.

(a) Expectant and Nursing Mothers.

Ante and Post-Natal care is provided at two sessions held morning and afternoon at the **Central Clinic** on Wednesdays at 10.30 a.m. and 2.0 p.m. At the morning session, blood tests are done on cases referred by general practitioner obstetricians. The number of mothers attending for post natal examination does not warrant a special session.

A special Ante and Post-Natal Session is run in the Barracks Welfare Centre for the mothers to be admitted to Shorncliffe Military Families Hospital. This session is held at the **Welfare Hut, Military Road** on Mondays at 2 p.m. This is staffed by the Health Visitor serving the barrack area, and a

military medical officer from Shorncliffe Hospital attends. It is noticed that army wives are exercising their choice in favour of domiciliary confinement, and the number attended by City midwives in army quarters is increasing. These cases attend the general practitioners' surgery or the City Ante-Natal Clinic for ante-natal supervision.

Relaxation classes are run at the Kent and Canterbury Hospital and there is an arrangement for mothers booked for domiciliary confinement to attend.

The authority meets the cost of accommodating unmarried mothers in suitable hostels run by moral welfare organisations. The health visitors take a special interest in such cases when known, but in cases arising since 1948 the approach to the authority has tended to be through the moral welfare society, who are first approached by the family doctor. This is the natural development from a family doctor service. The cost of care of the unmarried mothers is met for three months before confinement and three months after confinement. In special cases this has been extended to six months after confinement.

Expectant mothers are referred direct from the Ante-Natal clinic to the Radiological Department of the Kent and Canterbury Hospital for X-Ray examination.

Other Specialists services are available on request through the appointments system. There is as yet no routine Chest X-Ray examination of expectant mothers.

Mothercraft training is provided by demonstrations and talks given by the health visitors at the afternoon session of the ante-natal clinic. The health visitors also arrange the booking of the mother with a midwife to ensure an early contact.

The afternoon ante-natal clinic is staffed by midwives and cases receiving ante-natal care from the medical officer are those not booked with a general practitioner obstetrician or if so booked, attending with his knowledge or by his arrangement. Mothers booked for hospital delivery attend the hospital Ante-Natal Clinic. Those booked for St. Heliers Maternity Home delivery (Canterbury H.M.C. unit) attend the City Clinic.

The following figures show the cases attending the Ante-Natal and Post-Natal Clinic:—

Ante-Natal Sessions held at Central Clinic and Northgate Clinic					
...	...	...	...	...	128
Mothers in attendance on 1.1.1952	...	...	...	...	34
First attendances during 1952	...	...	...	...	85
Mothers still in attendance at end of 1952	...	...	...	...	20
Total Attendances	...	...	...	...	418
Blood examinations carried out	...	...	..	...	189
Cases referred to Dental Officer	...	...	...	...	13

Number of Mothers who attended Post-Natal Examinations	24
--	-----	-----	-----	-----	-----	-----	-----	----

Maternity Outfits are supplied free of charge to all mothers booked for home delivery on a signed request from the midwife in attendance. Issue is made after to the 7th month of pregnancy.

The Maternity Outfits contain (sterilised):—

- 12 Maternity Pads, Large.
- 12 Maternity Pads, Extra Large.
- 4 x 2 oz. packets Absorbent Wool.
- 1 Accouchment Sheet, 25in. x 28in.
- 6 Cord Dressings, Lint 5in. x 5in. Individually wrapped
- 6 packets Sterilised Cord Powder.
- 3 one Yard Ligature Threads.
- 1 Sheet Waterproof Paper, 30in. x 36in.

(b) **Child Welfare.**

Three child welfare centres are established as follows:—

(1) **Wincheap Primary School**, (Monday 2 p.m.), in medical inspection block, one afternoon session per week. Staffed by one health visitor and voluntary workers. Medical Officer in attendance for part of the session. Welfare foods, Dried Milk, etc. available.

(2) **Welfare Hut, Military Road, Old Infantry Barracks.** (Friday 2 p.m.). Staffed by two health visitors and voluntary workers. Medical Officer in attendance. Welfare foods, Dried Milks, etc. available.

(3) **Central Clinic, Poor Priests Hospital, Stour Street.** Four afternoon sessions per week.

- (i) Thursday, 2.15 p.m.—One session staffed by two health visitors, voluntary workers and Medical Officer.
- (ii) Monday and Friday, 2.15 p.m.—Two sessions staffed by one health visitor, and voluntary worker.
- (iii) Tuesday, 2.30 p.m.—One session for Immunisation and Vaccination.

In addition to these there are:—

(4) **Ultra Violet Light Clinic** (under School Health Service but used by L.H.S.), two sessions staffed by school nurse, Medical Officer for part of one session: Accommodated in Child Guidance Clinic.

(5) **Breast Feeding**—Breast feeding and test feeding sessions are run by a health visitor in the Central Clinic in the forenoons at 9.45 a.m. to assist mothers to maintain or establish natural baby feeding.

Number of cases attending	...	...	...	31
Total attendances	...	...	...	31

The advice of the consultant paediatrician is available at the Kent and Canterbury Hospital Out-Patients Department and the resident Medical Officer of the children's ward is given facilities to sit in at Child Welfare Clinics and School Health Sessions.

Table VI shows the attendance at Child Welfare Clinics.

TABLE VI.

Infant/Child Welfare Centre		Central Clinic	Wincheap Clinic	Northgate Clinic	TOTAL
Children on Clinic Register, 31.12.51 ...	Under 1 1-5 yrs.	109 82	31 31	76 42	216 155
First attendance during 1952 ...	Under 1 1-5 yrs.	205 37	51 12	102 57	358 106
Total No. of Children remaining on Register on 31.12.52 ...	Under 1 1-5 yrs.	146 162	48 37	61 100	255 299
Total No. of Attendances made by children during 1952 ...	Under 1 1-5 yrs.	3,095 1,076	956 528	2,227 951	6,278 2,555
Doctors' Consultations ...	Under 1 1-5 yrs.	233 189	168 65	217 122	618 370

(c) **Premature Infants.**

Two sets of Equipment are held for the home care of premature infants, including draught proof cots, garments, hot water bottles and feeding necessities. The nearby hospital has a premature baby unit and special oxygen cots are available for transporting cases by ambulance to the unit.

The midwife continues the care of the premature baby until the baby is fit for home management with the health visitor's advice. There is direct liaison between midwife and health visitor on the care of premature babies.

There is direct liaison between the Maternity Unit of the Kent and Canterbury Hospital and the Senior Health Visitor on the continuity of care of premature babies born in hospital.

Total Number of Births notified or recorded as premature during 1952 ...	58
Number delivered at home ...	11
Number delivered in Nursing Homes ...	—
Number delivered in Hospital ...	49
Number of Hospital cases resident in Canterbury ...	18

(d) **Supply of Dried Milks, etc.**

Welfare foods available under the Ministry of Food Welfare Foods scheme are distributed every afternoon at the Central Clinic, and are also distributed through Wincheap and the Infantry Barracks Child Welfare Clinics.

In addition to this the authority has a variety of proprietary dried milks, nutrients and vitamin preparations available

for sale at cost price to the mothers attending the child welfare clinics, on the advice or guidance of the medical officer. In a few cases of financial hardship milk foods are issued free, and where vitamin preparations, etc., are prescribed by the medical officer no charge is made.

(e) **Dental Care.**

The school dental officer gives two elevenths of her time to the dental care of expectant and nursing mothers and to children under school age. Arrangements for the dental officer to attend the Ante-Natal Clinic proved unsatisfactory and are suspended for the time being. Mothers and children are therefore referred to the school dental clinic from the Ante-Natal and Child Welfare Clinics. The mothers exercise their freedom of choice between the local health service arrangements and those provided by the executive council. The financial advantage of the local authority service in cases where dentures or orthodontic appliances are required and are provided free has not yet increased the number of persons taking advantage of the service. No expansion of the dental service has been found necessary yet.

The Dental Officer reports:—

(a) Numbers provided with dental care:

	Examined	Needing Treatment	Treated	Made Dentally fit
Expectant & Nursing Mothers	13	13	12	10
Children under Five	40	32	25	24

(b) Forms of dental treatment provided:

	Extractions	Anæsthetics		Fillings	Scalings or Scaling and Gum Treatment	Silver Nitrate Treatment	Dressings	Radio-graphs	Dentures Provided	
		Local	General						Complete	Partial
Expectant and Nursing Mothers	11	8	1	7	2	—	—	1	—	2
Children Under Five	36	1	20	12	12	—	—	—	—	—

(f) **Other Provision.**

The authority does not provide any day nursery facilities, and the one local day and residential nursery run privately has closed down.

Domiciliary Midwifery.

The present staff of four domiciliary midwives is sufficient for the needs of the area. New entrants have been housed by the authority in new housing estates. The midwives come directly under the supervision of the medical officer of health, but recognising the deficiencies of such supervision without a nursing supervisor, the authority has an informal arrangement for the sister tutor of the Part II Midwifery Training School of the Kent and Canterbury Hospital to visit the midwives on cases and to offer advice on their work to the midwives and the medical officer of health. Midwives other than those in the Council's service are (1) in the local nursing home supervised by the medical officer of health, (2) in hospital supervised formally. There are now no private midwives practising outside the nursing home, except in the capacity of maternity nurse and then only occasionally.

All the local authority midwives are trained in the administration of gas and air, and pethidine.

The central local authority ante-natal clinic is staffed by the domiciliary midwives but so far no arrangements have been made or are contemplated for providing midwives to attend the surgeries of general practitioner obstetricians to assist them in ante-natal supervision.

If the general practitioner obstetrician service develops into an efficient medical ante-natal supervision, and with some it is so, but with some it is a medical aid service, then the local authority ante-natal clinic will have to limit its activities to classes in ante-natal exercises, needlework and mothercraft, cookery demonstration and nutrition lectures, to be run in association with the booking of midwives and the issue of maternity packs. But such a development is dependent on a reduction in the number of general practitioner obstetricians by limiting the title to those who are prepared to provide full ante-natal and post-natal care. For the present the medical officer of health must continue to avoid competition and to fill the gaps.

Where it is thought necessary on special ground to admit a mother to hospital for her confinement, the case is visited by a district midwife, who reports her views to the senior health visitor who adds any comment and passes the case for decision to the medical officer of health. If the case warrants it, application is made to the hospital for admission. If the application originated from the family doctor and is not supported, a letter is sent to the doctor giving reasons. Subsequent action may be called for from the health visitors, midwives, home help supervisor or sanitary inspectors. The procedure is a useful one.

All the domiciliary midwives have been sent on refresher courses since 1948 and will be sent in turn so that each one attends a refresher course if possible every four years.

A district is provided for one pupil from the Part II Midwifery Training School at the Kent and Canterbury Hospital and one Domiciliary Midwife is an approved district teacher.

Confinements taking place within Canterbury during 1952 were:

Confined at Home—Private	...	...	...	...	1
L.H.A. Midwife	...	...	...	...	144
L.H.A. Midwife with Doctor	...	...	...	...	87
Total					232
Confinements elsewhere—Nursing Homes	...	...	...	...	33
Kent & Canterbury Hospital...	...	...	...	...	521
Total					554
Total Births in Canterbury					786
Canterbury Births to Canterbury Mothers	...	...	...	...	401
L.H.A. Midwives Cases	...	...	...	...	231
Medical Aid Sought	...	...	...	...	30
Gas and Air Administered	...	...	...	...	204
Cases of Puerperal Pyrexia	...	...	...	...	6
Cases of Ophthalmia Neonatorum	...	...	...	...	1
Private Cases	...	...	...	...	1

One case of puerperal pyrexia occurred in domiciliary practice.

Health Visiting.

During 1952 the health visitor and school nursing staff was combined and of the five nurses in full-time city work four are working as Health Visitor/School Nurse and one as School Nurse and special Clinics Nurse. The full-time Tuberculosis Health Visitor attached to the Chest Clinic is a Kent County Officer but by arrangement gives one third of her time to City Work on Tuberculosis health visiting in and out of the clinic.

As the general practitioners intermingle in the area served, it is not considered practical as yet to associate health visitors with practices. The use of health visitors by family doctors is slowly developing.

The Council has a sponsoring scheme for health visitor trainees and at the end of the year was seeking a trainee. Facilities are offered for pupil health visitors from the Royal College of Nursing to visit and work in the area.

Home Nursing.

The Home Nursing Service is provided by the Canterbury District Nursing Association as agents of the Council. The latter meet the expenses not met by the Associations funds and have a 50 per cent representation on the General Committee of the Association. As the Association premises could not be adapted to provide adequate facilities for the nurses the Council has provided accommodation in the Poor Priests Hospital which has become the centre for the home nursing service.

The service is used directly by the general practitioners and the home nurses seek the family doctor's directions on day-to-day nursing care of the patient. The Kent and Canterbury Hospital staff pass cases straight to the Home Nursing service for after-care nursing. The home nurses visit such cases at once and make contact subsequently with the family doctor.

The following summary shows the types and proportion of Cases handled from 1949 to 1952.

New Cases Nursed	1948*	1949	1950	1951	1952
Medical	109	356	346	427	383
Surgical	57	98	125	130	124
Tuberculosis ...	—	—	3	16	13
Others	—	—	—	1	22
TOTALS	166	454	474	574	542
VISITS PAID ...	3,494	8,688	11,682	15,784	16,705

*Six months only.

There is as yet no night nursing service. The Association has been asked by the Council to consider the establishment of a sitter-up service under Home Nursing.

The home nursing staff are under the supervision of the Queen's Institute inspector. The staff has been increased from $2\frac{1}{2}$ to 4 full-time nurses since 1948 to meet the growing demand. The Association's service is not recognised for district training, but state registered nurses have been sponsored for Queen's Institute District Nurse Training. One such is now on the staff and another in training.

Vaccination and Immunisation.

There is continuous use of a system of vaccination and diphtheria immunisation reminder cards based on the births register, with vaccination reminders going to the parent when the child is aged 12 weeks and diphtheria immunisation reminders at the age of one year. The health visitors are responsible for personal approach on the subject and visiting record cards show whether or not the child has been immunised or vaccinated. There is no reminder system on booster injections but as school nurse the health visitor makes personal approach at the first school medical examination.

Whooping Cough inoculations are available at the time of diphtheria immunisation, the courses of injections being interposed. Protection against whooping cough is not pressed or recommended as yet but it appears likely that with better vaccines it will be possible to do so and to offer it at an earlier age than diphtheria immunisation.

TABLE VII

			Under 1	1—4	to 15	Over 15	Total
Vaccination Against Smallpox	Primary Vaccination	Clinic	58	9	1	1	69
		Family Dr.	257	5	18	21	301
		Total	315	14	19	22	370
	Revaccination	Clinic	—	1	2	17	20
Family Dr.		—	6	10	46	62	
		Total	—	7	12	63	82
Diphtheria Immunisation	Primary Immunisation	Clinic	59	97	46	3	205
		Family Dr.	93	92	8	1	194
		Total	152	189	54	4	399
	Booster Dose	Clinic	—	1	173	3	177
Family Dr.		—	1	83	1	85	
		Total	—	2	256	4	262
Whooping Cough	No. of Cases Inoculated		129	167	12	—	308
			0 — 4	5 — 14		0 — 14	
Child Population Mid-1952			2,410	4,390		6,800	
Canterbury Births — 1952			—	—		458	
Canterbury Births — 1951			—	—		447	

Ambulance Service.

The following is a statement of the work done by the joint ambulance service during 1952 which is compared with other years since 1949.

The trends show the growth of transport for the out-patient service, but this is no greater than the growth in the out-patients service itself. It is, however, evident that this is the part of the load on which efforts to economise must be directed and with this in mind the Council has been very active during the year in discussions at member and officer level with the Hospital Management Committee.

TABLE VIII

	1949	1950	1951	1952
Total Patients Carried ...	13,635	15,712	18,383	19,315
Out-Patients Only ...	10,370	11,599	13,865	14,899
Admissions, Transfers Accidents, etc. ...	3,255	4,113	4,518	4,416
Mileage	83,788	144,387	124,616	118,515

TABLE IX.

Showing total mileage and patients carried by the Hospital Car Service (Canterbury only).

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sep.	Oct.	Nov	Dec.	Total
Patients Carried	7	2	1	2	2	3	5	1	—	4	—	—	27
Mileage	731	104	128	259	314	259	426	126	—	272	—	—	2,619

Radio control has been introduced during the year in conjunction with the Kent County scheme for East Kent. With introduction of this control a slight variation of area boundaries occurred and it is calculated that the joint area serves a population of 60,500 and an area of 82,830 acres. Some economy of effort and improved co-ordination of demand from the hospital service has been obtained by the appointment of a transport officer at Kent and Canterbury Hospital, who now directs requests to the appro-

priate depot instead of through Canterbury depot and attempts to associate different demands before passing them over to the ambulance service.

Economies in capital outlay have been possible by replacing full sized ambulances which have become unserviceable, by the utilicon type of sitting case single stretcher ambulance of a lower horse power.

Prevention, Care and After-Care.

(a) Tuberculosis.

The examination of contacts, B.C.G. Vaccination and home visiting are directed by the Chest Physician who is the advisor to the medical officer of health on after-care. Boarding out of contacts when required during B.C.G. Vaccination is arranged by the health department. The Council gives special attention and priority to the housing of tuberculous families. Cases are supported during rehabilitation at village settlements and at present the Council has two such cases on charge.

No visit was made by the Mass Radiography Unit to Canterbury during 1952 and the public had been so enlightened by publicity at previous visits that it was missed.

The Council's care committee arrangements are under review at present. The Alford Aid Society is a local charity concerned with the after-care of Tuberculosis and is administered by a voluntary committee who handle several other charities which are not concerned with tuberculosis. The Chest Physician and the medical officer of health would like to see the development of a very active voluntary care committee for tuberculosis, and discussions were en train at the end of 1952.

The Council provides ancillary nourishment, beds, bedding, nursing requisites and garden shelters on loan.

The Care Committee had one meeting in 1952. Assistance and advice was given to 19 cases and 116 orders for the supply of ancillary nourishment to 39 cases were placed.

(b) Illness in General.

A supply of nursing requisites is available on loan. In addition the Canterbury District Nurses have a supply of requisites, and the St. John Ambulance Brigade, B.R.C.S., W.V.S. and Alford Aid Society help with the loan of items on request.

Provision is made for holiday home care of mothers and young children.

There has been no formal development of liaison between the treatment services and the health visitors on the after-care of any special diseases, but co-operation in after-care is practiced by direct approach as mentioned under home

nursing and general comments above. Such contacts are not specially recorded.

(c) **Foul Linen Laundry Service.**

A service known as the "Foul Linen Laundry Service" is provided under Section 28 of the National Health Service Act. Its purpose is to provide a laundering service for aged and chronic sick patients who are nursed at home.

By arrangement with the Canterbury Hospital Management Committee laundering is carried out at one of its laundries. The collection and return of linen is undertaken by this department.

To avoid meticulous accounting, the Hospital Management Committee charge this Authority 4½d. per article laundered. To this is added ½d. as a handling charge.

In practice the Domestic Help Service Supervisor manages the service and it is through her that cases are brought to notice. A galvanised steel bin is issued to the household and a label on which the articles can be listed, is supplied. A member of the patient's household or the domestic helper lists the articles and places them in the bin, having if necessary first steeped them in a disinfectant solution. The bin is then collected by the departmental van. The whole process, collection, laundering and return takes 24—48 hours.

Users of the service are expected to pay cash in advance. This is collected by the van driver who issues receipts for both money and articles. The Corporation does not accept liability for loss or damage to articles.

It is emphasised that the service is provided only for **foul** linen. Articles soiled by normal use in a sick room are not accepted, one of the objects of the service being to relieve the pressure on the relatives or domestic helps in the households where the patient is constantly soiling.

The approval of the Minister of Health to include this service in our proposals under Section 28 was obtained in October 1951.

Very little use has been made of the service, only one case in 1952. This prototype made a successful run.

Domestic Help.

The service is provided by a staff of one full-time supervisor, one full-time home help and twenty-five part-time home helps. There are as yet no facilities for training in Canterbury. A recent assessment of the part-time cases shows the following distribution of cases according to hours of service required. It represents a sample week.

Weekly Hours on Case	No. of Cases	% of Total
1—5	48	57
6—10	20	24
11—15	8	10
16—20	6	7
21—25	1	1
26—30	1	1
	—	—
	84	100
	—	—

There has been a great increase in the part-time medical cases. The majority of such cases are over 65 years of age. The service is of marked value to elderly cases and must be considered in association with the welfare services and chronic sick services for the aged.

In 1952 a scheme for paid holidays and sick pay related to the length of service and hours worked was adopted for the home helps.

TABLE X
Domestic Help Cases 1952.

CASES DEALT WITH	Full-time	Part-time
Maternity	36	22
Acute Illness	2	27
Chronic Illness or Infirmary	1	183
Presence of Young Children	1	4
Tuberculosis	—	14
TOTALS ...	40	250

Hours worked:	Full-time	...	1,639.50 hours
	Part-time	...	28,735.30 hours
Cost Incurred:	£4,240	{	These figures cover the Financial Year 1st April, 1952 to 31st March, 1953.
Cost Recovered:	£593		

Health Education.

Health education by word of mouth through the health visitors and medical staff has continued with the support of literature and posters obtained from the Central Council for Health Education, the M. & C.W. Association and the Royal Society for the Prevention of Accidents. It is difficult to separate the description of health education from the description of the other services for it is so much a part of them all.

Mental Health.

I. Administration.

- (a) The service is directed by a small sub-committee of the Health Committee of 6 members of whom 2 are co-opted members.
- (b) The only members of the mental health service employed full-time in the service, are the staff of the Occupation Centre.

The medical officer of health is approved by the Council for the certification of mental defectives.

The two Duly Authorised Officers are qualified by experience in the duties which they have fulfilled since 1948 or before.

The mental health visiting is carried out by one of the psychiatric social workers of the Child Guidance Clinic by arrangement with the Education Committee.

The Occupation Centre is staffed by a Supervisor recognised by the N.A.M.H. as competent to train mental defectives, and by an Assistant Supervisor untrained.

- (c) Visiting and reporting is carried out on defectives in the area on licence from Institutions. Supervision of patients on trial from mental hospitals is carried out by psychiatric social workers from the mental hospitals but a good liaison is maintained.
- (d) There are no Voluntary Associations to whom duties are delegated in this area.
- (e) Visits are arranged for the Occupation Centre staff to see the work of other occupation centres. As yet no advantage has been taken of training courses for mental health workers.

II. Work in the Community.

- (a) Use has been made of a short term home for mental defectives for the temporary care of two cases during 1952 to prevent breakdown in the parent. The general measures provided under Section 28 are available for the mentally ill or defective as for other ill persons, but there has been no development of special after-care services for such cases.

- (b) **Action on cases under the Lunacy and Mental Treatment Acts.** During the year Duly Authorised Officers investigated 35 cases of mental illness.

26 cases were certified and admitted to St. Augustine's Hospital under Section 16 of the Lunacy Act, 1890, and 2 cases were admitted as Temporary patients under Section 5 of the Mental Treatment Act, 1930, Duly Authorised Officers acting on behalf of relatives in both cases. 23 other patients were admitted as Voluntary patients, 3 were transferred from other mental hospitals

and 1 admitted under Section 24 of the Criminal Justice Act, 1948.

The 7 remaining cases investigated by Duly Authorised Officers were dealt with as follows:—

Retained in Kent and Canterbury Hospital—Justice having refused to make an “Order”	...	...	...	2
Retained in Nunnery Fields Hospital—Justice having refused to make an “Order”	...	...	...	2
Left Canterbury same day—Justice having refused to make an “Order”	...	...	...	1
No further action	...	...	...	2

(c) **Action on cases under the Mental Deficiency Acts.**

- (i) Cases are brought to the attention of the authority through child welfare clinics, hospital specialists and the family doctors, and cases are now identified before the age for school entry if they are in the ineducable grade. Four cases were identified during 1952.

Ascertainment is carried out by the Medical Officer of Health, and Dr. F. L. Scott of St. Martin's Hospital is called in as consultant if needed. Mental defectives are supervised by the mental health visitor, Mr. C. Wollen, M.H. Cert., one of the psychiatric social workers of the Child Guidance Clinic. The routine for supervision visits is as follows:

Guardianship	...	...	4 per annum
Statutory Supervision	...	...	3 per annum
Voluntary Supervision	...	...	2 per annum
Friendly Supervision	...	...	1 per annum

- (ii) Two cases are under guardianship and are visited periodically by the medical officer of health. No new guardians have been found since 1948.

A

Cases under Guardianship (under order)	...	...	2
Cases under Statutory Supervision (excluding cases on licence)	...	...	20
Cases under Friendly Supervision	...	...	8
Cases under Voluntary Supervision	...	...	1
Cases awaiting admission to Institutions	...	...	7

B

Cases in attendance at the Occupation Centre (Canterbury only)	7
--	-----	-----	-----	-----	---

C

Cases admitted to Institutions during the year	...	2
Cases reported by the Local Education Authority (Section 57, Education Act, 1944)	...	2
Total Cases ascertained during the year “as subject to be dealt with”	...	4
Other cases reported, not “subject to be dealt with” but in which Statutory action may be necessary later	...	—

D

Cases "subject to be dealt with" placed under Statutory Supervision	4
Cases "not subject to be dealt with" placed under Friendly Supervision	—
Cases removed from Supervision	3
Deaths of Mental Defectives under Supervision	—
(iii) Transport of Patients.	
Use of Ambulance vehicles by Duly Authorised Officers	46

- (iv) An occupation centre is established for the occupation and training of defectives. It is in unsatisfactory premises and a capital project is in hand to house the centre in a new building.

The centre is attended by 20 defectives of whom 7 are for Canterbury and 13 from the surrounding county area. Guides bring the county cases to the bus station from whence they are conducted on foot to the occupation centre. Meals and milk are provided for those attending. There is no local training centre for adults and arrangements have not been made for any home training of cases. During 1952 considerable trouble was taken to place a defective in training with a boot repairing factory but the arrangement broke down through lack of parental co-operation. Means are being sought to train a boy in agricultural work.

The following table shows the ages of cases in attendance:—

	Male		Female		Total
	Under 16	Over 16	Under 16	Over 16	
Canterbury	3	2	1	1	7
Kent County Council	3	7	2	1	13
TOTAL	6	9	3	2	20

Each Christmas the Occupation Centre has an enjoyable party when parents and friends are entertained by the children and when the articles made by the children are on show and for sale. Whenever we find a parent who is timid or unwilling to let her child attend the occupation centre this party is the certain cure. Here we

see youngsters using those talents given unto them and made rulers over many attainments previously beyond their reach.

Section 47, National Assistance Act, 1948.

No orders were sought for removal under this act during the year. The old man of 74 removed to hospital in October 1951 under a court order returned home much improved in June 1952. A certificate was presented to the Welfare Committee in February 1952 concerning his sister, showing the necessity to provide accommodation other than hospital accommodation for her. As the local authority was the authority concerned the first move to be made was an offer of such accommodation by the local authority to be accepted voluntary. The local authority was unable to make such an offer and the medical officer could proceed no further. This is an unsatisfactory situation, for Section 47 (1) (3) indicates that there is an "other place" than the hospital as a destination.

In another case of an elderly person under "Section 47 observation" some improvement followed the presentation of a short sharp reminder to her pride in the shape of an informal notice from the Senior Sanitary Inspector.

REPORT OF THE SANITARY INSPECTOR FOR THE YEAR 1952.

Public Health Department,
Dane John,
CANTERBURY.

To His Worship the Mayor, Aldermen and Councillors of the City
and County Borough of Canterbury.

Mr. Mayor, Ladies and Gentlemen,

I have pleasure in presenting the report on the sanitary inspection services carried out in 1952.

For many years a plea has been made for an abattoir in the City and the erection by the Government of the latest pattern abattoir has re-inforced Canterbury's position as a distribution centre for East Kent. The building will serve a wide area and is designed for the humane slaughter of animals and the preparation of meat under ideal conditions.

Reference is made on another page to the inspection of a pre-war Council housing estate and I feel I should call attention to the under-occupied houses. The inspection of another estate in 1951 showed also that there were families of two persons and even single persons occupying three bedroom houses. As there are many families with children on the waiting list for houses and who can only afford the low rental of a pre-war house, is it not pertinent to ask that the best use should be made of subsidised houses, even if it means displacing a person who has been in occupation for some time.

I should like to record my indebtedness to the Chairman and Members of the Sanitary and Licensing Committee for the encouragement and the sympathetic consideration they have given to the suggestions put before them and my thanks are due to the Medical Officer of Health, my colleagues, Mr. A. R. Clark and Mr. R. G. Goodbody and the staff of the Department for their help and co-operation during the year.

I am,

Your obedient servant,

T. L. MARTIN,

Senior Sanitary Inspector.

General Statistics.

Complaints received and investigated	...	...	...	...	...	755
Visits regarding:—						
Housing—						
Structural defects	...	...	...	...	...	1469
Drainage defects	...	...	...	...	...	517
Drains tested	...	...	...	...	...	123
Housing survey	...	...	...	...	...	1638
Council houses inspected	...	...	...	...	...	749
Provision of dustbins	...	...	...	...	...	171
Verminous rooms	...	...	...	...	...	23
Food premises—						
Food shops	...	...	...	...	...	446
Food inspection	...	...	...	...	...	530
Bakehouses	...	...	...	...	...	47
Dairies	...	...	...	...	...	104
Restaurants	...	...	...	...	...	149
Fish fryers	...	...	...	...	...	23
Food sampling	...	...	...	...	...	326
Public houses	...	...	...	...	...	60
Others—						
Infectious diseases	...	...	...	...	...	162
Keeping of animals	...	...	...	...	...	10
Marine Stores	...	...	...	...	...	3
Rat and mice infestation	...	...	...	...	...	423
Factories	...	...	...	...	...	157
Fertilisers and Feeding Stuffs	...	...	...	...	...	30
Miscellaneous	...	...	...	...	...	240
Defects remedied:—						
Housing—						
Dampness	...	...	...	...	...	199
Drainage	...	...	...	...	...	191
Ventilation	...	...	...	...	...	128
Other structural items	...	...	...	...	...	339
Houses disinfected	...	...	...	...	...	17
Dustbins	...	...	...	...	...	165
Food premises	...	...	...	...	...	23
Factories	...	...	...	...	...	23
Notices Served:—						
Informally—						
Houses	...	...	...	...	...	143
Food premises	...	...	...	...	...	8
Factories	...	...	...	...	...	6
Formally after a report to City Council—						
Houses	...	...	...	...	...	18
Factories	...	...	...	...	...	1
Prosecutions	...	...	...	...	...	1
Official warnings by City Council	...	...	...	...	...	4

Housing Acts.

Number of New Houses erected during 1952:—

(1) Permanent new houses erected by the Council ...	250
(2) New houses erected by private enterprise ...	36

Houses demolished	12
	<hr/> 286

Net increase in number of houses	<hr/> 274
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1. Inspection of Dwelling-Houses During Year:

(1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	1638
(b) Number of Inspections made for the purpose	2109
(2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925	143
(b) Number of Inspections made for the purpose	143
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	8
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	143

2. Remedy of Defects During Year Without Service of Formal Notices:

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authorities or their officer	152
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3. Action Under Statutory Powers During the Year:

A.—Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936:—

(1) Number of dwelling-houses in respect of which notices were served requiring repairs	1
(2) Number of dwelling-houses which were rendered fit after service of formal notices	
(a) By Owners	1
(b) By Local Authority in default of Owners	—

B.—Proceedings under Public Health Acts:—

(1) Number of dwelling-houses in respect of which statutory notices were served requiring defects to be remedied	17
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(2) Number of dwelling-houses in which defects were remedied after service of formal notices:—	
(a) By Owners 	16
(b) By Local Authority in default of Owners 	—
C.—Proceedings under Section 11 and 13 of the Housing Act, 1936:—	
(1) Number of dwelling-houses in respect of which Demolition Orders were made 	5
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders 	16
D.—Proceedings under Section 12 of the Housing Act, 1936:—	
(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made 	3

Two houses subject to undertakings not to relet were made fit and the undertakings cancelled.

In accordance with the instructions of the Council a detailed inspection was carried out of a Corporation estate of 193 houses and a comprehensive report was submitted to the Council. Eight cases of overcrowding were discovered and these were outstanding at the end of the year. The survey of privately owned houses which was under way at the end of the year had not produced evidence of overcrowding.

Water Supply.

The Canterbury Gas and Water Co. own the water undertaking and maintain a very satisfactory supply as regards quantity and quality, supplying all except five houses in the City.

The supply is collected from deep wells in the chalk and is partially lime softened by the Company. A minimal dose of Chlorine is given more to keep the apparatus in first class working condition for an emergency than because the supply normally requires it.

Six samples of water from houses in various parts of the area were submitted for bacteriological examination and in every case the Pathologist reported the water to be good and B. Coli presumptive were absent in 100ccs.

There is no plumbo solvent action and the water is free from contamination.

It is pleasing to be able to record that unlike many districts in the country, there was no restriction of water supply and the water maintained its excellent bacteriological quality throughout the year.

Of the 5 houses without a piped supply from the town's mains:

1 house uses roof water and carried water from a nearby public supply.

4 houses have well water and samples taken during 1952 have shown the water to be free from faecal con-

tamination with the exception of a sample from one well in mid-summer which showed signs of pollution. The householder was advised to boil all water. Samples obtained since have been satisfactory.

The City Analyst reporting on 7 samples of water sent to him for chemical analysis, states that the supply is very pure organically. The following is a typical copy of the Analyst's report:

Appearance	Clear
Smell	Normal
Chlorine in Chlorides	1.54
Nitrogen in Nitrates	0.38
Ammonia	0.0008
Albuminoid Ammonia	0.0017
Oxygen absorbed in 15 minutes	Trace only
Oxygen absorbed in 4 hours	0.018
Hardness before boiling (total)	11.5
Hardness after boiling (permanent)	3.0
Total Solid Matter	17.64
Microscopical Examination of Deposit	
	Slight Chalk only

(The numerical results are expressed in grains per gallon).

Remarks.—The above results are satisfactory throughout and indicate water organically pure and free from sewage percolation.

Inspection of Food.

Home killed meat is brought from an abattoir in Woolwich to a depot in the City for distribution in Canterbury and the adjoining areas, hitherto served by the Canterbury Slaughterhouse up to their closure in September, 1947.

The Government abattoir which is being constructed will be in production early in 1953 and will serve in addition to neighbouring towns, other towns in Kent.

No improvements were carried out in the transport of meat during 1952. Removable slatted boards are provided for the floors of the vans and hanging rails are fixed in all vans so that meat, except the very large quarters of beef, may be suspended clear of the floor. Carcases are man-handled on the floor of the van during loading and unloading and there is a risk of contamination from the boots of the personnel. To overcome the risk and the danger of injury to the employees it is felt that the only real solution is a different type of van to that at present in use.

533 visits were paid to meat shops and food preparing premises and a number of minor improvements of premises at the instigation of the inspectors were carried out.

17,861½ lbs. of food comprising:—

Meat	6,095¾ lbs.
Canned Meat	3,015½ lbs.
Canned Fish	229 lbs.
Fish	533 lbs.
Other Canned Foods, etc.	7,988¼ lbs.

were surrendered as being unfit for human food.

Knackers Yard.

There is one Knackers Yard carrying on business in a small way, and inspections have shown the premises to be kept in a satisfactory condition and the business conducted in a clean manner.

Food Hygiene.

In addition to the many shops selling grocery commodities there are 25 bakehouses, 7 fish fryers and 62 restaurant kitchens and as much time as possible is spent by the sanitary inspectors in visiting these premises. In many instances it is a case of preaching to the converted where the managements are aware of their responsibility of handling food in a clean manner. There are premises where such a good standard does not prevail and in many cases it is not because of faults in the building. It is often difficult in these cases to put one's finger on a particular fault. There are a number of features "not just quite right" but yet not tangible enough for the inspector to be able to criticise. It is uphill work securing improvements in such cases and there is no other way than by regular inspection of the premises coupled with a system of compulsory registration of food premises (particularly if registration were to come up for review at intervals).

The City Council issued a warning to the manufacturer of a pork pie which was found to contain a cigarette end and a warning was also issued regarding a bun found to contain a meal-worm.

Public Houses.

The modernizing of public houses continued during 1952 and the following work was carried out:—

Sinks with drainage provided	...	11
Hot water to bar sinks provided	...	14
New W.C.'s built	... ..	1
Urinals renovated	... ..	5
Automatic flushing cisterns provided	...	7
Artificial lighting provided to sanitary conveniences	... ..	8
Beer cellars repaired	... ..	2

Food Supplies.

Sampling.

As in previous years Mr. E. S. Hawkins, O.B.E., B.Sc., A.R.C.S., F.R.I.C., continued to act as Public Analyst.

75 formal samples and 27 informal samples were submitted for chemical analysis:—

Article	No. of samples		Number	Samples
	Formal	Informal	genuine	adversely reported upon
*Milk	42	—	41	864
*Channel Island Milk ...	6	—	6	
*Ice Cream	1	5	6	
*Butter	6	—	5	803
*Lollies	6	3	7	869, 874
*Pork Sausages/Meat ...	10	—	10	891
*Luncheon Meat ...	—	3	3	
**“Off Ration” Sweets ...	—	3	3	
Palm Kernel Oil ...	—	2	1	826
*Table Jelly	—	3	3	
*Sugar	—	1	—	808

and one each of the following which were all genuine:—

*meat pudding, *brislings, *butter flavour toffee, *cordial, *jam, *sauce, swiss roll, *biscuits, cooking fat, tinned stewed steak and *fish paste.

Remarks.

Sample No. 803—

Butter containing 16.2% water against legal maximum of 16%.
Warning by Council.

Sample No. 808—

Sugar found by purchaser to have unusual taste. Presence of salt suspected and upper layer in opened packet was found to be an admixture of 15% common salt. There were several children in the household. Enquiries raised the strong suspicion that there had been a domestic accident.

Sample No. 826—

Palm Kernel oil obtained from frying range in fish and chip shop found to be unfit on account of high acidity. Unused oil found to be satisfactory. Stock of used oil disposed of and shopkeeper advised on use of this class of oil.

Sample No. 864—

Milk containing 18% extraneous water. Vendor fined £3 and £3 costs.

Sample No. 869—

Milk and cream lollies containing 1% cream. Manufacturer advised to omit the word “cream” from description.

Sample No. 874—

Milk lolly made from skimmed milk and consequently without fat. As the use of the word milk without qualification suggests whole milk containing the normal amount of fat the manufacturer was notified accordingly.

Sample No. 891—

Pork sausage meat containing 63.7% meat against legal minimum of 65%. Manufacturer warned by City Council.

The average composition of the 42 samples of milk (excepting the Channel Island Milk) was 3.61% fat and 8.77% solids-not-fat.

Public Health (Preservatives in Food) Regulations.

The samples of food marked * in the preceding table were also examined under the above Regulations and in no case was there any contravention.

Milk.

There are 11 milk retailers in the City and 41 samples of non-graded raw milk obtained during delivery were tested for keeping quality. 36 samples were satisfactory. 11 samples of tuberculin tested milk were also tested and 9 were satisfactory. Information regarding the defective samples was sent to Ministry of Agriculture Milk Production Officer for his attention.

56 samples of milk (41 ordinary raw milk, 11 tuberculin tested, 3 pasteurised and 1 Channel Island pasteurised) were obtained for biological tests. The County Pathologist reported all the samples to be free from *Brucella abortus* and all except 2 free from tubercle bacilli. Both positive samples were obtained from milk retailed in the City, but produced in an adjoining district. The local authority concerned and the Ministry of Agriculture Animal Health Division were notified regarding the samples and arrangements were made to have the milk from these herds pasteurised until negative samples were obtained.

Four firms (3 with holder type plants and one with a H.T.S.T. plant) are licensed by the City Council to pasteurise milk and during the year 132 samples of pasteurised milk were sent to the City Analyst with the following results:—

	Phosphatase	Methylene blue test
No. of satisfactory samples ...	90	39
No. of unsatisfactory samples ...	3	—

(The phosphatase test is to determine effective pasteurisation and the methylene test is to check keeping quality).

It is particularly pleasing to be able to mention that the samples from one firm for the third year running (115 samples in all) were satisfactory.

Milk in Schools Scheme.

All the Milk sent to schools has been pasteurised and the 24 samples obtained satisfied the tests.

Milk (Special Designation) Regulations.

The following licences were granted by the City Council under the above:—

To bottle tuberculin tested milk	...	3
To pasteurise milk	... ..	4
To deal in tuberculin tested milk	...	2
To deal in pasteurised milk	... ..	1
Supplementary licence to retail tuberculin tested (Certified) milk	...	1

Ice Cream.

There are seven premises registered for the manufacture and sale of ice cream and 84 for the sale of ice cream. Of the 84, 72 sell nothing but the pre-packed variety. Only six of the manufacturers have carried on business during the year and 63 samples were submitted to the methylene blue test.

The 63 samples were classified as follows:—

				For comparison				
				1951	1950	1949	1948	1947
Grade 1 — 49 samples	...	54	36	29	24	5		
Grade 2 — 10 samples	...	8	17	23	12	12		
Grade 3 — 3 samples	...	4	17	19	7	10		
Grade 4 — 1 sample	...	—	3	11	12	9		

The results although better than the average for 1947—1950, were not quite as good as those for 1951. This was because the sampling was more selective and concentrated upon ice cream plants whose history was not so satisfactory as others.

Six amples were also sent for chemical analysis and the fat content ranged between 6.1% and 9.3% and the solids-not-fat between 22.6% and 30.6%. The average of 7.2% and 26.2% are considerably above the minimum standard.

The local manufacturers have vehicles which are enclosed on three sides and on top for the service of ice cream from bulk and this must prevent much of the contamination which occurred to the ice cream retailed from the old-fashioned vehicles. It is felt that the real solution to the problem however is for only pre-packed ice cream to be sold in public thoroughfares, and it is gratifying to be able to record that the City Council in making contracts for the sale of ice cream on the car parks and public gardens in the town, insist on the pre-packed article.

Factories Act, 1937.

1. INSPECTIONS.

Premises	Number on Register	Number of		
		Inspections	Written notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4, and 6 are to be enforced by Local Authorities ...	62	48	4	—
(ii) Factories not included in (1) in which Section 7 is enforced by the Local Authority ...	129	109	15	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises) ...	—	—	—	—
Total ...	191	157	19	—

2. CASES IN WHICH DEFECTS WERE FOUND.

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	To H.M. Inspector	By H.M. Inspector	
Want of cleanliness ...	10	10	—	1	—
Overcrowding ...	—	—	—	—	—
Unreasonable temperature ...	—	—	—	—	—
Inadequate ventilation ...	—	—	—	—	—
Ineffective drainage of floors	—	—	—	—	—
Sanitary Conveniences:					
(a) Insufficient ...	2	2	—	—	—
(b) Unsuitable or defective	9	7	—	6	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork) ...	5	4	—	—	—
Total ...	26	23	—	7	—

The Sanitary Inspector is also responsible for Section 34 of the Factories Act which deals with certificates issued by the Council concerning means of escape in case of fire. During 1952 alterations to the means of escape was carried out in four factories and the occupiers were subsequently issued with a certificate stating the factory has adequate means of escapes in case of fire. Up to date 28 certificates have been issued.

Rodent Control.

Two part-time rodent operators are employed by the Council and the methods used are those recommended by the infestation Branch of the Ministry of Agriculture.

Complaints were received from 261 persons, 194 were in respect of infestation in private houses and 67 were from occupiers of business premises. During the investigation of these complaints and in carrying out surveys of the district 105 additional infestations were discovered.

Maintenance treatment of the sewers were carried out in March and September. Emphasis was made on areas previously infested and 197 manholes in other parts of the City were baited. Altogether only 27 manholes appeared to be infested mainly in a small degree.

The operators who also assist with other public health work, were kept fully occupied and the following is a summary of the rodent work carried out:—

Visits to houses	1779
Visits to other premises	296
No. of premises cleared:—	
Rats.	
Houses	198
Business premises	27
Mice.	
Houses	111
Business premises	32

No charge is made for rodent extermination in house property, but the Ministry of Agriculture insists that a charge for work done in business premises based on time spent and cost of materials be made to the occupier.

Fertilisers and Feeding Stuffs Act, 1926.

The following samples were obtained for analysis by Mr. E. S. Hawkins, the Public Analyst and Official Agricultural Chemist. 4 samples of super-phosphate of lime, 2 of National Pig Food, 2 of general garden fertiliser, and 1 each of the following:—sow and weaners meal, pig meal, layers mash, National Poultry Food, baby chick mash and garden fertiliser.

All were satisfactory except that in one case the statutory declaration was not supplied and in another the soluble and insoluble phosphates were not given separately when both were present. The vendors were cautioned.

Four samples of shoddy were obtained at the request of farmers. The appropriate fees were collected and copies of analysis supplied.

Rag Flock and Other Filling Materials Act, 1951.

Two premises are registered under Section 2 of the Act, not so much because new articles are made, but so that they can execute orders for new work in the event of being asked. The business carried on is confined to the repair and renovation of customers own articles, and at the filling materials used for this work are now not subject to control. No samples were taken in 1952.

Dustbins.

The scheme adopted in 1950 for the Council to supply dustbins at a rental of 5/- per year was continued, unfortunately only to a limited degree. This is because of the restriction on the galvanizing of dustbins owing to the re-armament programme. For the present, bins are being supplied only on request and at the end of 1952, 1,157 bins had been supplied.

Verminous Houses.

Number found to be verminous and disinfected by the Public Health Department staff:—

Council Houses	...	...	7
Other Houses	...	...	8

Various proprietary preparations, mainly D.D.T. and Gam-mexane, are used and the results have shown these preparations to be effective in controlling the insect pests found in properties.

The scheme put into operation in 1948 to prevent the spread of vermin in Council properties was continued and:—

- (a) the furniture and effects of every prospective tenant is inspected before the keys for the house are handed out, and
- (b) before occupation commences every Council house, old or new, is treated with a proprietary preparation in order to kill any vermin missed in the survey.

363 houses of prospective tenants have been inspected. Seven verminous houses were discovered and in these cases the contents of the houses were fumigated by the Department before tenants were allowed to move into the new houses.

Precautionary spraying was done in 355 cases.

I should like to acknowledge the assistance of colleagues in other districts who have very kindly assisted by carrying out inspections before tenants moved into Canterbury.

Hop Gardens.

A complaint received called attention to the absence of sanitary arrangements in the local hop gardens. The gardens in the City area do not possess hutted camps and rely upon local people who travel from their homes each day. It was noted that only in one

case is sanitary accommodation provided and it is suspected that in this garden the two chemical closets are not really adequate.

It appears that there is no legislation whereby the Council can insist upon sanitary accommodation to be provided in hop gardens. Such accommodation is necessary on the grounds of common decency in addition to being a hygienic necessity when one considers the considerable number of persons of both sexes, young and old who are involved. The Council asked the owners to co-operate in this matter and it is hoped that hop pickers in future years will have reasonable sanitary accommodation.

SCHOOL MEDICAL OFFICER'S REPORT FOR 1952.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the annual report on the work of the School Health Service of the City of Canterbury during 1952. This includes the report from the Medical Director of our Child Guidance Clinic which serves the area of East Kent as well as the City.

At a time when we are approaching the completion of the first five years of the National Health Service (or is it still "services") it is right to consider the place of the school medical officer within such a service. There are those who would dub him specialist in a limited field. There are those who would call him redundant now that there is a doctor for all service. Neither of these views seem to have the right perspective on the school medical officer's function, which I should like to term a general practice in preventive medicine amongst developing children. There is no limit to the field of interest in the child. It is a natural consequence that the medical officer's practice in preventive medicine should also include the pre school child by practice in the child welfare centres. It is necessary that there should be a close association with the general practitioner in curative medicine and that each should understand and respect the other's purpose. It is valuable if there is an association with the paediatrician in his specialist diagnostic and curative practice.

The family doctor in his field of curative medicine serves three of four thousand persons in families. The school medical officer serves three of four thousand school children, representing some twenty-five to thirty thousand persons. The contact between school medical officer and family is through the health visitor/school nurse or the family doctor, rather than the occasional contact with the parent.

The method of practice of the school medical officer is through a series of sweeps through the school population by medical examination, and nurses inspections, and by following up information coming from head teachers, minor ailment clinics, previous medical sweeps and reports from hospitals. A similar method is used in the practice of the school dental officer.

The children benefit from a routine medical and dental supervision which does not require illness to start it off, in a way which cannot be gained from the practice of curative medicine alone. There may come a day some decades hence when the practice of curative medicine will have become so imbued with such preventive methods that a school medical officer will be unnecessary. When that day comes the school medical officer will happily take his place within the ranks of the other general practitioners and will be welcomed there. Such a day will only be hastened by the devel-

opment of close working ties between the family doctors and the school medical officer. Such ties can develop more easily in a unit of the size of Canterbury than in a colossus of an authority, for in creating such working ties personal day-to-day contacts are of no small importance.

Your obedient servant,
MALCOLM S. HARVEY.

SCHOOL HEALTH SERVICE.

General Information.

Number of School Departments:							
Primary	...	...	...	...	...	...	12
Secondary	...	...	...	...	...	...	3
Number of Scholars on Roll at end of 1952:							
Primary	...	...	...	...	...	...	3,413
Secondary	...	...	...	...	...	...	812
							<hr/> 4,225 <hr/>

Medical Inspection.

General Condition.

The number of pupils submitted to routine medical inspection showed a fall of 699 during the year, due to a shifting of the timing of the examination during the school year, thus it appears that just under 20% of the pupils were examined. Of those examined 30.9% were in good health and nutrition, 64.6% were in average health and nutrition, and 4.5% were of poor health or nutrition. (Table S.1).

Cleanliness.

The nurses carried out the usual examinations of school children in each term of the school year and averaged 7 visits per school. 98 children were found to show evidence of infestation, 201 warning notices were sent to parents with advice on how to deal with infestation. No legal proceedings were necessary.

Defects of the Skin.

Scabies is much less prevalent now than it was during the war years. It may well be that the greater facilities for medical treatment, available through the family doctor under the national health service has reduced the incidence, and it is noteworthy that only one case of scabies was identified in school children at routine medical inspection or at the minor ailment clinic. Table S.2 gives information on the number of certain skin conditions treated at the minor ailment clinic.

Defects of Vision.

The following defects of vision were identified at routine or special inspections:

Found at Routine Medical Inspections:

Number of children tests	... ..	411
Number found to be suffering from Visual Defect	...	31
Number found to be suffering from Squint	.. ...	7
Number found to be suffering from Other Defects	...	7

Found at Special Inspection:

Number of children found with visual Defects	...	177
Number of children found with Squint	... ..	10
Number of children found with Other Defects	...	7

Visual Defects treated by Ophthalmic Surgeon (Vision, Squint, etc.):

Total cases of Visual Defect treated or under observation	... ..	231
Spectacles prescribed or already wearing glasses	...	198
Operations for Squint	... ..	4
Children attending Orthoptic Clinic	... ..	24

Of the 198 children required to wear spectacles 161 were ordered new lenses or spectacles for the first time during 1952. The Education Authority still runs a special ophthalmic clinic in accommodation provided by the Hospital Management Committee.

Colour vision tests are carried out on male school leavers with the Ishihara Test and any defects found are made known to the pupil and head teacher, for the consequences may mean a change of direction in the boy's future career.

Defects of Nose and Throat.

At Medical and Special Inspections 193 defects of this type were identified and 131 kept under observation. 27 were referred to specialists. During the year 10 children had operations, 10 had other forms of treatment, 1 is on the waiting list and in 6 cases no treatment was considered necessary.

Defects of Hearing and Ear Disease.

The following cases were found at Routine Medical Inspection or through the Minor Ailment Clinics. 55 cases of hearing defect. 12 cases of Otitis Media and 46 other defects in this group.

Tuberculosis.

There was no visit from the Mass Radiography Unit to the area during 1952. 3 cases of tuberculosis were discovered during the year in school children.

Minor Ailments.

The attendances at the Minor Ailments Clinic showed an increase to 3,106. This figure excludes the 200 attendances for Diphtheria Immunisation or Reinforcement.

Ultra Violet Light Clinic.

A small Ultra Violet Light Clinic was started in accommodation in the Child Guidance Clinic and 37 sessions were held at which 20 children were treated and 267 attendances were made.

With the introduction of the National Health Service in 1948 the old arrangement with the local hospital for ultra violet light therapy became absorbed in the general hospital specialist arrangements and it was cumbersome to use the hospital procedure to obtain such adjuvant therapy. This small clinic has therefore been started in a part of the Child Guidance Clinic premises and has proved very useful. No additional staff were required and only the capital cost of the equipment had to be provided.

Immunisation of School Children against Diphtheria.

These figures are also included in Table VII on page 17.

Number of Session held	...	...	10
Number of attendances	...	...	200
Primary Immunisation:			
School Children	...	...	38
Pre-School Children	...	...	5
Re-inforcing injection given	...	...	109

Handicapped Pupils.

The following table shows the number of children on the Handicapped Pupils Register:

	On Register		Newly Ascertained	Attending Special School	Newly Placed	Requiring Placement
	M.	F.				
Blind or Partially Sighted ...	2	—	1	—	—	—
Deaf or Partially Deaf ...	2	2	—	1	—	—
Delicate	2	—	1	—	—	1
Epileptic	1	—	—	1	—	—
Physically Handicapped ...	6	2	—	4	1	—
Maladjusted	10	1	1	9	2	1
Educationally Sub-normal .	19	9	10	7	5	5

Two children were notified to the Health Committee under Section 57 (3) of the Education Act, 1944, as ineducable.

Speech Therapy.

It is pleasing to be able to report that a speech therapy clinic has now been provided in the locality. The County Council have started such a clinic and have agreed to children from this authority area attending. No figures are given for the waiting list or attendances as the clinic was just beginning at the end of the year.

Lip Reading.

There are 3 children on the waiting list and 1 having treatment.

The difficulty of obtaining a lip reading instructor for school children in this locality has continued, but the need has been met in part by the agreement to the attendance of parents and children at the lip reading class which is being run in the Technical College in the evenings. One child is receiving instruction at that class.

Educational Difficulties and Maladjustment.

The Medical Director of the Child Guidance Clinic reports on the work of the clinic on page 53.

Dental Defects and Their Treatment.

The School Dental Officer reports below.

71.48% of the children inspected required Dental Treatment and 43.98% were treated at the School Dental Clinic. This shows a 4.90% increase on children requiring treatment and a 6.14% fall in the children seeking such treatment at the Dental Clinic.

Table of Dental Treatment and Inspection.

(1) Number of children inspected by Dentist:

(a) Routine Age Group—Age	3	...	...	25
	4	...	...	29
	5	...	...	493
	6	...	...	458
	7	...	...	360
	8	...	...	384
	9	...	...	321
	10	...	...	315
	11	...	...	255
	12	...	...	301
	13	...	...	364
	14	...	...	361
	15	...	...	131
	16	...	...	25
	17	...	...	14

3,836

(b) Specials	...	...	...	...	...	287	
Total Routine and Specials	...	...	...	...	...	4,123	
(2) Number requiring treatment	...	...	...	...	...	2,742	
(3) Number actually treated	...	...	...	...	...	1,206	
(4) Attendances made by children	...	...	...	...	...	2,818	
(5) Half-days devoted to: Inspection	...	...	...	...	...	26	
Treatment	...	...	...	...	...	398	
Total	...	...	...	...	...		424
(6) Fillings: Permanent Teeth	...	...	...	...	...	1,403	
Temporary	...	...	...	...	...	3	
Total	...	...	...	...	...		1,406
(7) Extractions: Permanent Teeth	...	...	...	...	...	69	
Temporary Teeth	...	...	...	...	...	1,292	
Total	...	...	...	...	...		1,361
(8) Administration of:							
General Anaesthetics for extractions	...	...	...	...	...	514	
Local Anaesthetics for extractions	...	...	...	...	...	351	
Total	...	...	...	...	...		865
(9) Other treatment (Scalings, Polishings, etc.)	...	...	...	...	...	1,135	

These figures show an improvement in the percentage of all school children inspected by the Dentist during the year but a fall in the percentage of those who accepted treatment through the School Dental Clinic.

Orthodontic Treatment.

15 children are under Orthodontic treatment and 11 have been provided with Orthodontic plates. 2 children were provided with a partial denture.

Employment of Children and Young Persons.

88 children were examined for part-time employment.

Provision of Milk and Meals.

At the end of 1952 there were 3,578 children having milk in school, and 2,384 scholars were taking school dinners. 343 received the dinners free of charge. The issue of vitamin supplements with school milk as a part of medical treatment within the School Health Service continues as before.

The Senior Sanitary Inspector takes check samples of the school milk to ensure a clean and safe milk supply. Complaints were received about the use of dirty milk bottles and these complaints were investigated to the full. While the modern detergents have helped in the cleansing of milk bottles, it is usually found that complaints regarding the cleanliness of milk bottles come back on

the users and not on the suppliers. A milk bottle cannot be cleaned easily if it has been left unwashed after use and especially if it has been put to a use other than that for which the bottle is intended. A milk bottle is an attractive object to somebody who wants to fire off a rocket or make up some water paints, or to use in any puddle play, but the bottle usually finds its way back after such abuse and in time gets back into the channel of milk distribution. Unless the dairyman is very watchful, which he usually is, such a bottle may slip through and be used for the delivery of milk. A complaint then arises, and the dairyman is blamed. The blame lies heavily on those who do not rinse the bottle after use or who let milk bottles be used for a purpose other than that of containing milk.

Tabular Data concerning Medical Inspection and Treatment.
General Details.

No. of inspections in the Prescribed Groups:			School Rolls (End of Winter Term 1952)		
Entrants	...	405	Primary	...	3,413
Second Age Group	...	132	Secondary	...	812
Leavers	...	240			
					<hr/>
					4,225
					<hr/>
	Total	777			
Other Routine Inspections		3			
					<hr/>
	Grand Total	816			
					<hr/>

Others (Special and Re-inspections):—1,023.

TABLE S.1.
 Condition of Children on Routine Medical Inspection.

Age Group	No. Inspected	A Excellent		B Fair		C Poor	
		No.	%	No.	%	No.	%
Entrants -	405	136	33.58	259	63.95	10	2.47
Intermediates	132	37	28.03	86	65.15	9	6.82
Leavers -	240	73	30.42	154	64.17	13	5.41
Others -	39	6	15.38	28	71.8	5	12.82
Total - -	816	252	30.88	527	64.58	37	4.53

TABLE S.2.

Defects found by Medical Inspection in the year ending
31st December, 1952.

Defect Code No.	Defect or Disease	Periodic Inspections		Special Inspections	
		No. of Defects		No. of Defects	
		Requiring treatment	Requiring to be kept under observation, but not requiring treatment	Requiring treatment	Requiring to be kept under observation, but not requiring treatment
	(1)	(2)	(3)	(4)	(5)
4	Skin	11	20	16	11
5	Eyes (a) Vision	9	22	31	146
	(b) Squint	1	6	3	7
	(c) Other	6	1	4	3
6	Ears (a) Hearing	5	30	7	13
	(b) Otitis Media	3	6	2	—
	(c) Other	5	8	3	4
7	Nose and Throat	20	77	42	54
8	Speech	—	2	6	11
9	Cervical Glands	5	18	7	14
10	Heart and Circulation	4	30	5	16
11	Lungs	5	28	7	21
12	Developmental—				
	(a) Hernia	—	2	1	2
	(b) Other	1	11	2	1
13	Orthopaedic—				
	(a) Posture	—	11	2	15
	(b) Flat Foot	7	30	3	18
	(c) Other	8	23	5	28
14	Nervous System—				
	(a) Epilepsy	—	2	2	—
	(b) Other	—	13	2	6
15	Psychological—				
	(a) Development	—	1	—	1
	(b) Stability	1	2	1	1
16	Other	5	46	19	48
Total Number of Children Inspected		816		731	
Number of Children represented in figures above ...		426		567	

NOTE.—All defects noted at medical inspection as requiring treatment are included in this return, whether or not this treatment was begun before the date of inspection.

TABLE S.3.

MINOR AILMENTS TREATED (excluding Uncleanliness shown in Table S.6).

						No. of Defects Treated or under treatment during the year.
Skin—						
Ringworm—Scalp—						
(1) X-Ray treatment	...	...	...	...	...	—
(2) Other treatment	...	...	...	...	...	—
Ringworm—Body	...	...	...	...	...	5
Scabies	...	...	...	...	...	1
Impetigo	...	...	...	...	...	3
Other skin diseases	...	...	...	...	...	76
Eye Disease	...	...	...	...	...	79
(External and other, but excluding errors refractions, squint and cases admitted to hospital).						
Ear Defects	...	...	...	...	...	30
(Treatment for serious disease of the ear is not recorded here).						
Miscellaneous	...	...	...	...	...	843
Total					...	1,037
(b) Total number of attendances at Authority's minor ailments clinics						
					...	3,106

TABLE S.4.

TREATMENT OF DEFECTIVE VISION AND SQUINT.

(Excluding Minor Eye Defects treated as Minor Ailments).

Errors of Refraction and Squint dealt with	...	...	...	231
Other defects or Diseases of the Eye	...	...	...	10
No. of children for whom Spectacles were prescribed	...	...	...	161

TABLE S.5.

TREATMENT OF DEFECTS OF NOSE AND THROAT.

Defects which received operative treatment (through Edu- cation Committee arrangement)	...	...	...	10
Defects which received other forms of treatment	...	...	...	10
				—
				20
				—

TABLE S.6.

SCHOOL NURSES' MINOR AILMENTS AND CLEANLINESS INSPECTIONS.

(1) Average Number of visits per school made during 1952 by School Nurses	...	...	...	...	7
(2) Home visits made as School Nurses	...	...	...	...	126
(3) No. of Individual Children found unclean	..	...	...	...	98
(4) No. of Individual Children cleansed under Section 54 Education Act, 1944	...	...	...	...	—
(5) No. of cases in which legal proceedings were taken	...	...	...	...	—

CANTERBURY CHILD GUIDANCE CLINIC ANNUAL REPORT 1952.

Comment on the Figures and Staff Changes.

The figures for 1952 show little change when compared with those for 1951. Points to note are the increase in referrals from private doctors—48 this year, compared with 32 in 1951—and the drop in referrals from Canterbury during 1952. This last is partly explained by the absence and subsequent resignation of Miss Horne, Educational Psychologist, and a gap of nearly four months before her successor, Miss Tipping, started work at the end of 1952.

The treatment waiting list was higher at the close of the year than in 1951. This was partly due to Miss Harnett's absence through illness for two months.

The Psychiatrist's sessions were reduced from six to four a week in June 1952. By the end of the year, however, it was learned that Dr. Ainslie from St. Augustine's Hospital, would be able to give two sessions per week to the clinic.

The problem of finding placement for disturbed children is perennial and pressing so far as the Clinic is concerned. Several children have been admitted to hostels outside our area, but there are delays and difficulties in obtaining vacancies. This delay often detracts from the value of the placement; this in spite of every effort by the Clinic and administrative offices concerned.

Psycho-Therapy in the Clinic.

The Child Guidance Clinic provides facilities for psycho-therapy for children in the locality. Not only is it responsible for psychiatric treatment as part of the School Medical Service, but is being used more and more as a specialised unit under the National Health Service by private doctors and other hospital specialists. It is well to consider what is this treatment that we offer when we take a case on for regular weekly interviews? Many people are familiar with the term "play therapy". Play is often the basis of relationship and communication in interviews with children, but treatment is dependent upon the therapist's appreciation and recognition of what the child is feeling and saying and the psychological significance of the activity in the clinic session. The intensity of

treatment is limited by the time available and we are not organised to offer psycho-analysis. The number of children requiring, or who are able to co-operate in, such intensive treatment, is limited as far as the general work of a child guidance clinic is concerned.

In the weekly interviews at the clinic, the therapist offers a friendly positive relationship, and accepts the bothered, disturbed and unhappy child. This relationship is a non-blaming and non-demanding one; such an acceptance enables the child to go back in his feelings towards grown-ups to an earlier pattern which in his experience represents safety. In the security of this clinic relationship some defences can be lowered, frightening things looked at, confidence regained, development faced and growth made possible.

We recognise that the child must be seen in relationship to his family, and treatment needs the support of the parent who has the child for the rest of the week and is often the focus of the uneasiness and difficult behaviour. Often the success of the psychotherapy with the child, is dependent upon the psychiatric social worker's ability to get the parents to appreciate what is happening in the clinic and in weekly interviews to enable them to play their part in the adjustment of family relationships.

Treatment is often directed towards building up a sense of personal worth in the child. To help him to know that he can succeed in spite of past failure or distress, is often the beginning of real improvement, because it is only as he finds and uses his own good qualities, that he discovers the ability to control and order his own wishes and impulses, and from this can follow a more willing acceptance of what life expects of him.

The psychiatrist or therapist, called in to unravel emotional troubles in children, often acts as a mediator in breaking down the barriers built of bitterness, disappointment, or anger, and so makes possible again the real love and tolerance, the capacity to give and take, and the mutual enjoyment of living and working, which bind families together, and allows the natural and healthy development of all aspects of a child's personality.

The role of the psycho-therapist should not be confused with that of the teacher or parent: he or she is no substitute for either. Parents and teachers have the responsibility for educating and training the children, while the therapist is concerned with understanding and adjusting. With maladjusted children sympathetic appreciation of each other's contribution is necessary if the child is to make the best use of his environmental opportunities.

The Staff wish to express their appreciation of the support and co-operation shown during the year by our Committee and by the officers of the Health and Education Departments at Canterbury and at Maidstone.

(Signed) ELIZABETH WHATLEY,

Consultant Psychiatrist.

TABLE C.G.1.

SOURCE OF REFERRAL.

	1951			1952		
	City	N.H.S. and Out of Area	C'ty	City	N.H.S. and Out of Area	C'ty
School Medical Officer	7	1	85	5	2	81
Private Doctors	4	5	23	2	11	35
Court or Probation Officers	1	—	14	2	—	11
Head Teachers or Education Officers	7	4	13	3	2	19
Parent or Foster Parent	5	4	10	2	1	6
Other Clinics or Psychiatrists	2	5	21	3	6	24
Miscellaneous Social Agencies, Infant Wel- fare, etc.	2	1	7	1	—	10
Educational Psychologist	17	—	—	4	—	—
	45	20	173	22	22	186
	238			230		

TABLE C.G.2.

PROBLEMS REFERRED.

	1951			1952		
	City	N.H.S. and Out of Area	C'ty	City	N.H.S. and Out of Area	C'ty
Nervous Disorders, etc.	7	2	44	2	1	15
Habit Disorders	5	5	35	8	7	49
Behaviour Disorders	28	11	71	8	10	94
Educational	4	2	5	2	4	23
Court Cases	—	—	13	1	—	5
Miscellaneous	1	—	5	—	—	—
	45	20	173	21	22	186
	238			229		

TABLE C.G.3.

DISPOSAL OF NEW CASES SEEN.

	1951			1952		
	City	N.H.S. and Out of Area	C'ty	City	N.H.S. and Out of Area	C'ty
Diagnosis and Advice	7	1	46	4	6	35
Diagnosis and Placement	—	1	10	—	—	5
Taken on for Treatment	10	6	73	8	6	50
Taken on for Supervision	17	8	48	12	3	61
Remedial Coaching	—	1	3	1	1	1
Partial Diagnosis	—	1	11	1	—	14
Partial Service	—	—	9	2	—	12
	34	18	200	28	16	178
	252			222		
	55					

TABLE C.G.4.

CASES CLOSED.

	1951			1952		
1. Non-Treatment	City	N.H.S. and Out of Area	C'ty	City	N.H.S. and Out of Area	C'ty
Diagnosis and Advice	6	—	48	3	6	38
Diagnosis and Placement	—	1	5	—	—	10
Withdrawn	4	4	21	—	3	19
Moved Away	—	1	9	—	—	2
Partial Service	—	1	5	4	—	21
Placed	1	—	16	—	—	1
Total 1	12	6	104	7	9	91
2. Treatment						
Adjusted	6	—	18	8	3	15
Improved	8	6	43	11	2	42
No Change	2	—	9	—	—	17
Un-co-operative	1	3	23	3	7	18
Total 2	17	9	93	22	12	92
Total 1 and 2	29	15	197	29	21	183
Total for Year	241			233		

Waiting Lists-	Dec. 31st, 1951			Dec. 31st, 1952		
	City	N.H.S. and Out of Area	C'ty	City	N.H.S. and Out of Area	C'ty
Diagnostic	15	4	51	6	6	41
Treatment	5	5	21	5	2	26

COMMITTEE MEMBERSHIP.

Mayor:

COUNCILLOR J. R. BARRETT.

Health Committee:

Chairman: Councillor W. H. CHESSELL.

City Council Members: Alderman A. W. FOWLER, Alderman MRS. E. M. HEWS, Alderman P. BOTTING, Councillor J. R. BARRETT (Mayor), Councillor A. H. De LAUBENQUE, Councillor H. M. KENNY, Councillor MRS. M. A. RICKARDS, Councillor W. THOMAS, Councillor A. J. CLARK.

Co-opted or Representative Members: MISS M. SHEEHAN, Matron, Kent and Canterbury Hospital; DR. F. L. CASSIDI, Local Medical Practitioner; MR. J. E. FRENCH, Kent and Canterbury Executive Council; MR. W. A. TERRY, Canterbury Group Hospital Management Committee.

Mental Health Services Sub-Committee:

Chairman: Alderman A. W. FOWLER.

City Council Members: Councillor D. H. De LAUBENQUE, Councillor H. M. KENNY.

Co-opted or Representative Members: DR. F. L. CASSIDI, MRS. M. A. SHARPE.

Care Committee:

Chairman: Councillor C. H. De LAUBENQUE.

Representative of Health Committee: Alderman A. W. FOWLER, Alderman MRS. E. M. HEWS, and MISS M. SHEEHAN.

Representatives of Voluntary Organisations: MISS M. CLEMENTS, Canterbury Alford Aid Society; MRS. S. HAWKINS, St. John Ambulance Brigade; MRS. J. A. PECK, British Red Cross Society; MISS M. MATHESON, Women's Voluntary Service.

Sanitary and Licensing Committee:

Chairman: Alderman A. BAYNTON, O.B.E.

City Council Members: Alderman H. P. DAWTON, Alderman A. W. FOWLER, Alderman MRS. E. M. HEWS, Alderman P. BOTTING, Councillor J. R. BARRETT (Mayor), Sheriff W. S. BEAN, Councillor J. G. B. STONE, Councillor P. L. WOOD.

Education Committee:

Chairman: Alderman F. HOOKER.

City Council Members: Alderman MRS. E. M. HEWS, Councillor S. H. JENNINGS, O.B.E., Councillor C. H. De LAUBENQUE, Councillor H. M. KENNY, Councillor G. H. G. KENNETT, Councillor MRS. M. A. RICKARDS, Councillor W. THOMAS, Councillor T. B. WHITE, Councillor T. E. CARLING.

Other Staff of Health and School Health Services:

Assistant Medical Officer of Health and Asitant School Medical Officer:
MRS. IRENE F. A. BLAKENEY, B.Sc., M.R.C.S., L.R.C.P., M.B., B.S.

Dental Surgeon: PAULINE FIGDOR, L.R.C.P., L.D.A.

Chest Physician and Advisor on After Care of Tuberculosis: J. A. ROBSON,
M.D., B.Chir., D.P.H.

Approved Officer under Regulations 53 (b) and (c) of the Handicapped Pupils and School Health Service Regulations, 1945:
ELIZABETH WHATLEY, B.Sc., M.B., M.R.C.S., L.R.C.P., (Mal-adjustment).

Health Visitors:

MISS G. E. MAGUIRE, S.R.N., S.C.M.
MRS. P. E. MATHEWS, S.R.N., S.C.M., H.V. Cert.
MISS G. M. OTTOWAY, S.R.N., S.C.M.
MRS. M. L. LEWIS, S.R.N., S.C.M., H.V. Cert.

Tuberculosis Health Visitor: (Part-time, Kent County Council Officer):
MISS E. JOBSON, S.R.N., S.C.M., H.V. Cert.

School Nurses:

MISS A. E. GLASSBOROW, S.R.N., S.C.M. (Retired 30.4.52).
MISS P. TROY, S.R.N., S.C.M.

Midwives:

M. J. CAPP, S.R.N., S.C.M.
L. P. LYNES, S.C.M.
E. H. OWEN, S.C.M.
E. L. TEMPLETON, S.C.M.
A. G. WELLS, S.R.N., S.C.M.

District Nurses: (Canterbury District Nursing Association):

I. PHIPPS, S.R.N.
R. B. NICHOLLS, S.R.N., S.C.M.
M. WOOD, S.R.N., R.M.N., R.M.P.A.
H. INGLEFIELD, S.R.N.
H. FISHER, S.R.N.

Occupation Centre:

MISS E. FORD (Supervisor).
MRS. E. ACOTT (Assistant).

Duly Authorised Officers and Petitioning Officer (Mental Health):

F. FOWLER.
D. PLEDGE.

Mental Health Social Worker (Part-time): C. A. WOLLEN, M.H. Cert.

Supervisor of Home Help Service (Part time): MRS. J. M. BARTON.

Child Guidance Clinic:

Educational Psychologist: MISS E. HORNE, Dip. Psych., L.L.A.
MISS M. TIPPING, M.A., Ed.B. (Glasgow).

Psychiatric Social Workers:

MR. C. WOLLEN, M.H., Cert.
MISS S. INI, M.H. Cert.
MR. A. C. ADAMS, M.H. Cert.

Psycho-Therapist:

MISS S. HARNETT, Dip. Psych Assoc. of Brit. Physch. Soc.

Staff of Public Health Service:

Additional Sanitary Inspectors:

A. R. CLARK, M.R.S.I., M.S.I.A., Meat Inspector's Certificate.

R. G. GOODBODY, M.R.S.I., M.S.I.A., Meat Inspector's Certificate.

Rodent Officers, Disinfectors and General Assistants:

A. TOMKINS and H. S. COWELL.

Administrative and Clerical Staff to above Services:

Administrative Assistant and Secretary to Care Committee:

D. PLEDGE

Clerical Officer: MISS E. W. EDGINGTON.

Clerical Staff:

MISS M. CRUMP, MISS P. L. ADDINGTON, MISS M. ING,
MISS M. COURT.

MRS. M. WHITCOMBE (Public Health).

MISS B. AYRES (School Health).

MISS B. MOAT (School Health, Dental Clinic).

MISS M. HOPKINS and MISS R. DAY (Child Guidance Clinic).

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